
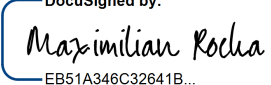


BHS Policies and Procedures		
	City and County of San Francisco Department of Public Health San Francisco Health Network BEHAVIORAL HEALTH SERVICES	1380 Howard Street, 5 th Floor San Francisco, CA 94103 (415) 255-3400 FAX (415) 255-3567
Policy or Procedure Title: Level of Care Designations/Certifications for AOD Treatment Facilities		
Issued By: Maximilian Rocha, LCSW Director of Systems of Care Date: December 19, 2022	DocuSigned by:  <small>EB51A346C32641B...</small>	Manual Number: 2.01-4 References: BHIN 21-01; Health and Safety Code (HSC) Section 11834.015

New Policy

Equity Statement: The San Francisco Department of Public Health, Behavioral Health Services (BHS) is committed to leading with race and prioritizing Intersectionality, including sex, gender identity, sexual orientation, age, class, nationality, language, and ability. BHS strives to move forward on the continuum of becoming an anti-racist institution through dismantling racism, building solidarity among racial groups, and working towards becoming a Trauma-Informed/Trauma Healing Organization in partnership with staff, clients, communities, and our contractors. We are committed to ensuring that every policy or procedure, developed and implemented, leads with an equity and anti-racist lens. Our policies will provide the highest quality of care for our diverse clients. We are dedicated to ensuring that our providers are equipped to provide services that are responsive to our clients' needs and lived experiences.

Purpose:

To issue requirements for all licensed adult alcohol or other drug recovery or treatment (AOD) facilities to obtain a designation based on the American Society of Addiction Medicine (ASAM) treatment criteria, or an equivalent evidence-based standard, as a minimum standard of care.

Scope:

This policy applies to all licensed adult alcohol or other drug recovery or treatment (AOD) facilities.

Policy:

In accordance with HSC Section 11834.015, DHCS adopted the ASAM treatment criteria as the minimum standard of care for licensed AOD facilities. All licensed AOD facilities shall obtain at least one DHCS LOC (level of care) Designation and/or at least one residential ASAM LOC Certification consistent with all of its program services. If an AOD facility opts to obtain an ASAM LOC Certification, then that facility will not be required to obtain a DHCS LOC Designation. However, nothing precludes a facility from obtaining both a DHCS LOC Designation and ASAM LOC Certification.

To obtain a DHCS LOC Designation, a licensed AOD (alcohol and other drugs) facility shall submit to DHCS a DHCS LOC Designation Application and the required supporting documentation, demonstrating the facility's ability to comply with the requirements identified in Exhibit A. For a process overview of documentation required for DHCS LOC Designation, see Exhibit B.

The DHCS LOC Designations are not equivalent to or affiliated with the ASAM LOC Certifications developed by ASAM. An approval for a DHCS LOC Designation does not guarantee eligibility for an ASAM LOC Certification. However, an approved residential ASAM LOC Certification is sufficient to meet the DHCS requirement. Licensees must directly contact ASAM to obtain information regarding its certification process and requirements or to obtain ASAM LOC Certification.

Procedure:

Process for Obtaining a DHCS LOC Designation:

Applicants for an Initial License:

As of February 1, 2021, all initial applicants for AOD licensure shall submit a DHCS LOC Designation Application (DHCS 4022) and required supporting documentation concurrently with the Initial Treatment Provider Application (DHCS 6002) to DHCS. Applicants approved by DHCS will be granted DHCS Provisional LOC Designations until on-site or virtual compliance reviews are completed.

Licensed Facilities With DHCS Provisional LOC Designation(s):

Licensed AOD facilities with: 1) a current DHCS Provisional LOC Designation(s) that are not seeking a change in designation(s) nor adding additional designation(s) and, 2) are not approved by DHCS for detoxification services, nor pending approval by DHCS for detoxification services, shall submit only a Current Provider LOC Attestation Statement (DHCS 4031) to DHCS no later than November 30, 2021.

Licensed AOD facilities with a provisional DHCS LOC designation for Level(s) 3.1, 3.3, and/or 3.5 that are approved by DHCS for detoxification services, or pending approval by DHCS for detoxification services, are required to apply for DHCS Level 3.2 – Clinically Managed Residential Withdrawal Management 3, and shall submit a DHCS LOC Designation Application (DHCS 4022) and required supporting documents to DHCS no later than December 31, 2021.

Licensed AOD facilities with current DHCS Provisional LOC Designation(s) seeking a change in designation(s) or adding additional designation(s) shall submit a DHCS LOC Designation Application (DHCS 4022) and required supporting documents to DHCS prior to providing the new LOC services. The AOD facility shall not provide the new LOC services until the facility receives DHCS approval for that LOC.

Licensed Facilities Without DHCS Provisional LOC Designation(s):

Licensed AOD facilities without a DHCS Provisional LOC Designation shall submit a DHCS LOC Designation Application (DHCS 4022) and required supporting documents to DHCS no later than December 31, 2021.

Required Supporting Documentation

In addition to the DHCS LOC Designation Application (DHCS 4022), licensed AOD facilities shall submit the following supporting documentation to DHCS:

- Facility Staffing Data (DHCS 5050), including all facility staff providing direct client services and/or overseeing the program

- Detailed Monthly Program Staff Schedule
- Weekly Activities Schedule (DHCS 5086)
- Detailed Weekly Program Activities Schedule
- Program's Level of Care Assessment for Residents

DHCS LOC Designation Application and Review Process

DHCS will review the DHCS LOC Designation Application and related documentation according to the following guidelines and timeline:

- DHCS will review the documents, determine compliance, and notify the AOD facility whether the application is complete or incomplete. Notification of an incomplete application shall specify the missing information and/or documentation.
- The AOD facility shall have 60 calendar days from the date of the notification of an incomplete application to submit the missing information and/or documentation.
- If the application has been determined to be complete and in accordance with submission requirements, DHCS shall issue a revised license reflecting a DHCS Provisional LOC Designation(s).
- All DHCS LOC Designation(s) shall remain provisional until DHCS has completed an on-site or virtual compliance review of the AOD facility.
- The compliance review will validate the ability of the AOD facility to comply with the requirements specified in this BHIN. DHCS may interview clients and/or program staff in private and inspect relevant program records. At the completion of the compliance review, DHCS may conduct an exit interview with the program director or his/her designee to discuss any deficiencies noted. DHCS shall provide a written license report specifying deficiencies to the program director or his/her designee by mail within 10 working days of the completion of the compliance review. The report shall require the AOD facility to correct deficiencies and submit a written verification to DHCS within 30 calendar days of the date of the license report unless DHCS determines, based on the review, that the deficiency jeopardizes the health and safety of clients and requires correction within a shorter period of time. Once deficiencies are corrected, DHCS shall notify the AOD facility of the approval of the written verification in writing by first class mail. DHCS shall issue a revised license reflecting the removal of the provisional status.
- The DHCS website will be updated to reflect each licensed AOD facility's DHCS LOC Designation(s).
- Failure to submit a DHCS LOC Designation Application and supporting documentation by the applicable date in this BHIN, or failing to provide requested missing information within 60 calendar days, shall subject a licensed AOD facility to disciplinary action, as described below.

In the event an AOD facility ceases providing any of the approved DHCS LOC Designation services, the AOD facility shall provide DHCS a written notification within 10 working days of that occurrence.

Process for Notifying DHCS of ASAM Level of Care Certification Applicants for an Initial License:

Beginning February 1, 2021, all initial applicants for AOD licensure opting to obtain an ASAM Level of Care Certification shall submit to DHCS an Initial Treatment Provider Application (DHCS 6002), New Provider LOC Attestation Statement (DHCS 4030), and either 1) a copy of its ASAM LOC Certification, or 2) documentation demonstrating that it has applied for an ASAM Level of Care Certification. opt to obtain an ASAM Level of Care Certification 4 instead of a DHCS LOC designation of 3.1, 3.3, or 3.5, are still required to apply for DHCS Level 3.2 -Clinically Managed Residential Withdrawal Management, and shall submit to DHCS:

- An Initial Treatment Provider Application (DHCS 6002);

- A New Provider LOC Attestation Statement (DHCS 4030);
- A DHCS LOC Designation Application (DHCS 4022) and required supporting documents for DHCS Level 3.2 – Clinically Managed Residential Withdrawal Management and required supporting documents; and
- Either 1) a copy of its ASAM LOC Certification, or 2) documentation demonstrating that it has applied for an ASAM Level of Care Certification.

If at any time the facility makes changes to its application for an ASAM LOC Certification, the facility shall notify DHCS of that change within 10 working days of submission to ASAM. In that notice, the facility shall include a copy of the updated application for ASAM LOC Certification.

Licensed Facilities:

Licensed AOD facilities that opt to obtain an ASAM LOC Certification 5 and are approved by DHCS for detoxification services, or pending approval by DHCS for detoxification services shall submit the following to DHCS no later than December 31, 2021:

- A DHCS LOC Designation Application (DHCS 4022) and required supporting documents for DHCS LOC 3.2 - Clinically Managed Residential Withdrawal Management and required supporting documents; and,
- Either 1) a copy of its ASAM LOC Certification or 2) documentation demonstrating that it has applied for an ASAM LOC

Licensed AOD facilities that opt to obtain an ASAM LOC Certification in lieu of a DHCS LOC Designation and are not approved by DHCS for detoxification services, or pending approval by DHCS for detoxification services, shall submit to DHCS a Current Provider LOC Attestation Statement (DHCS 4031) and either 1) a copy of its ASAM LOC Certification or 2) documentation demonstrating that it has applied for an ASAM LOC no later than December 31, 2021.

Process for Notifying DHCS of ASAM Level of Care Certification Actions

Licensed AOD facilities shall submit a copy of all ASAM LOC Certification approvals or denials within ten (10) working days of receiving them. If at any point in time ASAM/CARF takes action on a licensed AOD facility's ASAM Level of Care Certification (e.g., a citation, corrective action plan, suspension, or revocation), then the facility must notify DHCS of that action within 10 working days of receiving notice of that action. In that notice, the AOD facility shall include all documentation provided by ASAM/CARF supporting the certification action. If an AOD facility's ASAM Level of Care Certification is suspended or revoked, then the facility shall immediately cease providing that level of care at its facility and may not resume providing that level of care until its ASAM Level of Care Certification is reinstated, or it has obtained a DHCS LOC Designation.

Compliance

In accordance with HSC Section 11834.015, all licensed AOD facilities shall comply with BHIN 2021-01 until DHCS adopts formal regulations. Licensed AOD facilities must only provide services within the scope of their license and, once received, their DHCS LOC Designation, DHCS Provisional LOC Designation, or ASAM LOC Certification. DHCS will ensure compliance with BHIN 21-01 as a part of its licensing compliance reviews authorized by HSC Section 11834.01(c). Pursuant to HSC Section 11834.36, any licensed AOD facility that fails to adhere with the requirements set forth in this BHIN may be subject to disciplinary action, including but not limited to, license suspension or revocation.

Requirements for Level 3.2 – Clinically Managed Residential Withdrawal Management

DHCS requires both initial applicants and currently licensed adult alcohol or other drug recovery or treatment (AOD) facilities that are approved, or pending approval, by DHCS to provide detoxification services to apply for DHCS Level 3.2 – Clinically Managed Residential Withdrawal Management (WM), and to submit a DHCS LOC Designation Application (DHCS 4022) and required supporting documents: The Process for Obtaining a DHCS Level of Care (LOC) Designation; and Process for Notifying DHCS of ASAM Level of Care Certification.

The Program Components section of Exhibit A has been amended to monitor vital signs at least once every 6 hours during the first 72 hours following admission for residents receiving detoxification services. Additionally, this section has been amended to allow personnel trained in detoxification services to make the determination of discontinuing or reducing the physical checks and monitoring of vital signs 24 hours following resident admission.

The Personnel Requirements section of Exhibit A has been amended to clarify the 1:15 staff to resident ratio for residents receiving detoxification services and include a requirement for naloxone training. In addition, this section has been amended to require WM personnel training to be implemented and maintained by the licensee for facilities with a DHCS LOC 3.2-WM designation.

The Level of Care Assessments section of Exhibit A has been amended to identify the type of individuals that may conduct the multidimensional assessment when a Licensed Practitioner of the Healing Arts (LPHA) makes the final determination of care. Additionally, this section has been amended to include an exception for residents receiving detoxification services upon admission to complete a pre-assessment rather than a full multidimensional assessment.

The Treatment and Recovery Plans and Treatment and Recovery Services Documentation sections of Exhibit A have been amended to include exemptions for residents during the detoxification phase of treatment.

The DHCS Level of Care Designation Definitions section of Exhibit A has been amended to include interns registered with the California Board of Psychology or the California Board of Behavioral Sciences under the LPHA Non-Physician category.

The accompanying Exhibit B Flow Chart has been amended to reflect the requirement for facilities currently approved or pending approval for residential detoxification services, by DHCS, to submit an application (DHCS 4022) for a DHCS LOC 3.2- Clinically Managed Residential Withdrawal Management designation.

Contact Person: AOD Administrator

Attachment(s):

[Exhibit A - DHCS Level of Care Designation Requirements](#)

[Exhibit B - Required Documentation for DHCS Level of Care Designation Flow Chart](#)

Distribution:

BHS Policies and Procedure are distributed by the BHS Quality Management Office of Regulatory Affairs.

Administrative Manual Holders
BHS Programs
SOC Program Managers
BOCC Program Managers
CDTA Program Managers

Department of Health Care Services
Licensing and Certification Division

EXHIBIT A
21-001

DHCS Level of Care Designation Requirements				
DHCS Level of Care	3.1	3.3	3.5	3.2
Service Name	Clinically Managed Low-Intensity Residential Services	Clinically Managed Population-Specific High-Intensity Residential Services	Clinically Managed High-Intensity Residential Services	Clinically Managed Residential Withdrawal Management (WM)
Description of Care	24-hour structure with trained and credentialed personnel providing clinically directed program activities and professionally directed treatments to stabilize and maintain substance use disorder (SUD) symptoms, develop and apply recovery skills, and preparation for outpatient treatment	24-hour care with trained and credentialed personnel providing clinical directed, less intense program activities and professional directed treatments to stabilize and maintain SUD symptoms and to develop and apply recovery skills specific for individuals with cognitive or other functioning impairments	24-hour care with trained and credentialed personnel providing clinical directed program activities and professionally directed treatments to stabilize and maintain SUD symptoms, develop and apply recovery skills specific for individuals with co-occurring mental health disorders	24-hour structure and support with trained and credentialed personnel providing organized services in a social setting emphasizing on peer support for individuals with moderate risk of withdrawal

DHCS Level of Care Designation Requirements				
DHCS Level of Care	3.1	3.3	3.5	3.2
Program Components¹	A minimum of 5 hours per week of individual counseling, group, and education sessions and/or structured therapeutic activities.	A minimum of 5 hours per week of individual, group, and education sessions and/or structured therapeutic activities specific for individuals with cognitive or other functioning impairments.	A minimum of 5 hours per week of individual, group, and education sessions and/or structured therapeutic activities specific for individuals with co-occurring mental health disorders.	<p>DHCS approval to provide detoxification services.</p> <p>Personnel trained in providing detoxification services perform close observation and face-to-face physical checks at least every 30 minutes and monitor vital signs at least once every 6 hours during the first 72 hours following admission. Documentation of observations and checks must be recorded in the resident's file and signed by the trained personnel. (Updated 8/20/21)</p> <p>Physical checks and monitoring of vital signs may be discontinued or reduced after 24 hours following admission</p>

DHCS Level of Care Designation Requirements				
DHCS Level of Care	3.1	3.3	3.5	3.2
Program Components (continued)				based upon a determination by personnel trained in providing detoxification services. Documentation supporting the modified frequency of physical checks and monitoring of vital signs shall be recorded in a resident's file. (Updated 8/20/21)

DHCS Level of Care Designation Requirements				
DHCS Level of Care	3.1	3.3	3.5	3.2
Minimum Service Components	<ul style="list-style-type: none"> • Clinically-managed treatment to facilitate recovery skills, relapse prevention and emotional coping strategies • Arrangements for addiction pharmacotherapy and drug screening • Motivational enhancement and engagement strategies • Daily monitoring of residents' medication adherence • Recovery services • Arrangements of services for resident's family and significant others, as appropriate to 	<ul style="list-style-type: none"> • Clinically-managed treatment to facilitate recovery skills, relapse prevention, and emotional coping strategies • Arrangements for addiction pharmacotherapy and drug screening • Range of cognitive and behavioral therapies administered in individual and group settings • Arrangements for recreational therapy, art, music, physical therapy, and/or vocational rehabilitation • Motivational enhancement and engagement strategies 	<ul style="list-style-type: none"> • Clinically-managed treatment to facilitate recovery skills, relapse prevention, and emotional coping strategies • Arrangements for addiction pharmacotherapy and drug screening • Range of cognitive and behavioral therapies administered in individual and group settings • Arrangements for recreational therapy, art, music, physical therapy, and/or vocational rehabilitation • Motivational enhancement and engagement strategies • Regular monitoring of adherence to 	<ul style="list-style-type: none"> • Range of cognitive and behavioral therapies administered on an individual and group settings, depending on the resident's progress through WM • Health education services • Arrangements of services for resident's family and significant others, as appropriate to advance treatment goals and objectives

DHCS Level of Care Designation Requirements				
DHCS Level of Care	3.1	3.3	3.5	3.2
Minimum Service Components (continued)	advance treatment goals and objectives <ul style="list-style-type: none"> Education on benefits of medication assisted treatment (MAT) and arrange for referral to treatment as necessary 	<ul style="list-style-type: none"> Regular monitoring of resident's medication adherence Recovery services Arrangements of services for resident's family and significant others, as appropriate to advance treatment goals and objectives Education on benefits of MAT and referral to treatment as necessary 	resident's prescribed medication and over-the-counter medications and supplements <ul style="list-style-type: none"> Daily scheduled professional services and interdisciplinary assessments and treatment designed to develop and apply recovery skills Recovery services Arrangements of services for resident's family and significant others, as appropriate to advance treatment goals and objectives Education on benefits of MAT and referral to treatment as necessary 	

DHCS Level of Care Designation Requirements				
DHCS Level of Care	3.1	3.3	3.5	3.2
Personnel Requirements ²	<ul style="list-style-type: none"> Clinical staff, including LPHA Physician and Non-Physician, must provide services within the California State scope of practice statutes. Professional staff, including registered and certified alcohol and other drug counselors, must adhere to all requirements in the California Code of Regulations (CCR), Title 9, Chapter 8. Non-professional staff shall receive appropriate on-site orientation and training prior to performing assigned duties. Non-professional staff will be supervised by clinical, professional and/or administrative staff. Clinical, professional and non-professional staff are required to have work experience and any necessary training at the time of hiring and throughout employment. Clinical and/or professional staff conducting level of care assessments, determining the appropriate level of care for residents, and providing direct treatment services must complete ASAM training³. 			
				<p>For every 15 residents receiving detoxification services, a program shall have a minimum of 1 staff, at all times, physically on duty, awake, certified in providing cardiopulmonary resuscitation and first aid, and trained in the use of naloxone. (Updated 8/20/21)</p>

DHCS Level of Care Designation Requirements				
DHCS Level of Care	3.1	3.3	3.5	3.2
Personnel Requirements² (continued)				Facility personnel who provide WM services or who monitor or supervise the provision of such service must meet additional training requirements ⁴ .
Level of Care Assessments	<p>The Level of Care Assessment should integrate <i>The ASAM Criteria</i>®, which includes a comprehensive biopsychosocial assessment addressing all six (6) dimensions and associated risks:</p> <ul style="list-style-type: none"> • Dimension one (1) – Acute intoxication and/or withdrawal potential Exploration of past and current experiences of substance use and withdrawal • Dimension two (2) – Biomedical conditions and complications Exploration of health history and current physical condition • Dimension three (3) – Emotional, behavioral, or cognitive conditions and complications Exploration of thoughts, emotions, and mental health issues • Dimension four (4) – Readiness to change Exploration of readiness and interest in changing • Dimension five (5) – Relapse, continued use, or continued program potential Exploration of unique relationship with relapse or continued use or problems • Dimension six (6) – Recovery/living environment Exploration of recovery or living situation, and the surrounding people, places, and things 			

DHCS Level of Care Designation Requirements				
DHCS Level of Care	3.1	3.3	3.5	3.2
Level of Care Assessments (continued)	<p>A multidimensional assessment must be conducted and completed within 72 hours following resident admission by an LPHA. However, the following may conduct and complete the assessment when a LPHA reviews and approves the assessment and makes the final determination of care:</p> <ul style="list-style-type: none"> ▪ An alcohol or other drug counselor that is either certified or registered by an organization recognized by the Department of Health Care Services and accredited with the NCCA, and meets all of the applicable California state qualifications. (Updated 8/20/21) <ul style="list-style-type: none"> • A resident receiving detoxification services upon admission is exempt from the multidimensional assessment, if completion of a pre-assessment within 72 hours following admission for detoxification services occurs and there are contingency plans to transfer the resident to a subsequent level of care where a full assessment would be conducted. (Updated 8/20/21) • Resident referrals shall be provided for urgent or emergent care and to another level of care when medically appropriate. <p>Note: ASAM© offers a web-based assessment available for purchase.</p>			

Department of Health Care Services
Licensing and Certification Division

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21-001

DHCS Level of Care Designation Requirements				
DHCS Level of Care	3.1	3.3	3.5	3.2
Treatment and Recovery Plans	<ul style="list-style-type: none"> • A full treatment and/or recovery plan shall be developed within 10 calendar days from the date of the resident's admission. • Only clinical and professional staff shall develop or review a treatment plan or collaborate with resident to develop a recovery plan. • The resident's progress shall be reviewed and documented within 30 calendar days after signing the treatment plan and no later than every 30 calendar days thereafter. 			<p>A resident receiving detoxification services in a facility is exempt from this requirement during the detoxification phase of treatment.</p> <p>(Updated 8/20/21)</p>
Treatment and Recovery Services Documentation	<p>The following treatment and recovery services shall be documented by a facility staff, in a resident's record, within 72 hours of the provision of the service:</p> <ul style="list-style-type: none"> (a) Assessment; (b) Case management; (c) Individual counseling; (d) Group counseling; (e) Education session; and (f) Treatment or recovery plan development. <p>Documentation of each resident's participation in the aforementioned services shall include:</p> <ul style="list-style-type: none"> (a) Type of service; (b) Start and end times of each service; (c) Topic of each educational or counseling session; and (d) Name and title of staff who provided each service. 			<p>A resident receiving detoxification services in a facility is exempt from this requirement during the detoxification phase of treatment.</p> <p>(Updated 8/20/21)</p>

Legal Disclaimer: The DHCS LOC Designations are not equivalent to, or affiliated with the ASAM Level of Care Certifications developed by ASAM®, in partnership with CARF International.

Department of Health Care Services
Licensing and Certification Division

EXHIBIT A
21-001

¹ If the adult alcoholism or drug abuse recovery or treatment (AOD) facility is both DHCS licensed and certified, the requirements of a minimum of 20 hours per week would take precedence in accordance to the DHCS Alcohol and/or Other Drug Program Certification Standards, regardless of whether the facility has obtained its LOC designation through ASAM or through DHCS.

² Additional requirements apply for licensed AOD facilities approved for Incidental Medical Services.

³ ASAM training opportunities are made available through a DHCS contract with the University of California, Los Angeles. Licensees may also contact ASAM directly for additional trainings.

⁴ Additional training requirements for 3.2 WM include: (a) completing 6 hours of orientation training that covers the needs of residents who receive WM services for personnel providing WM services or monitoring or supervising the provision of these services; (b) repeating the orientation training within 14 calendar days of return if staff is returning to work after a break in employment of more than 180 consecutive calendar days; (c) on an annual basis, completing 8 hours of training that covers the needs of residents who receive WM services. Documentation of training must be maintained in personnel records. Personnel training shall be implemented and maintained by the licensee pursuant to the California Code of Regulations, Title 9, Section 10564(k). **(Updated 8/20/21)**

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DHCS Level of Care Designation Definitions

Administrative Staff: Under this provision, referred to a Facility Administrator or Program Director that must be designated by the entity to act on its behalf in the overall management and operation of the program.

Clinically Managed: Services directed by non-physician staff.

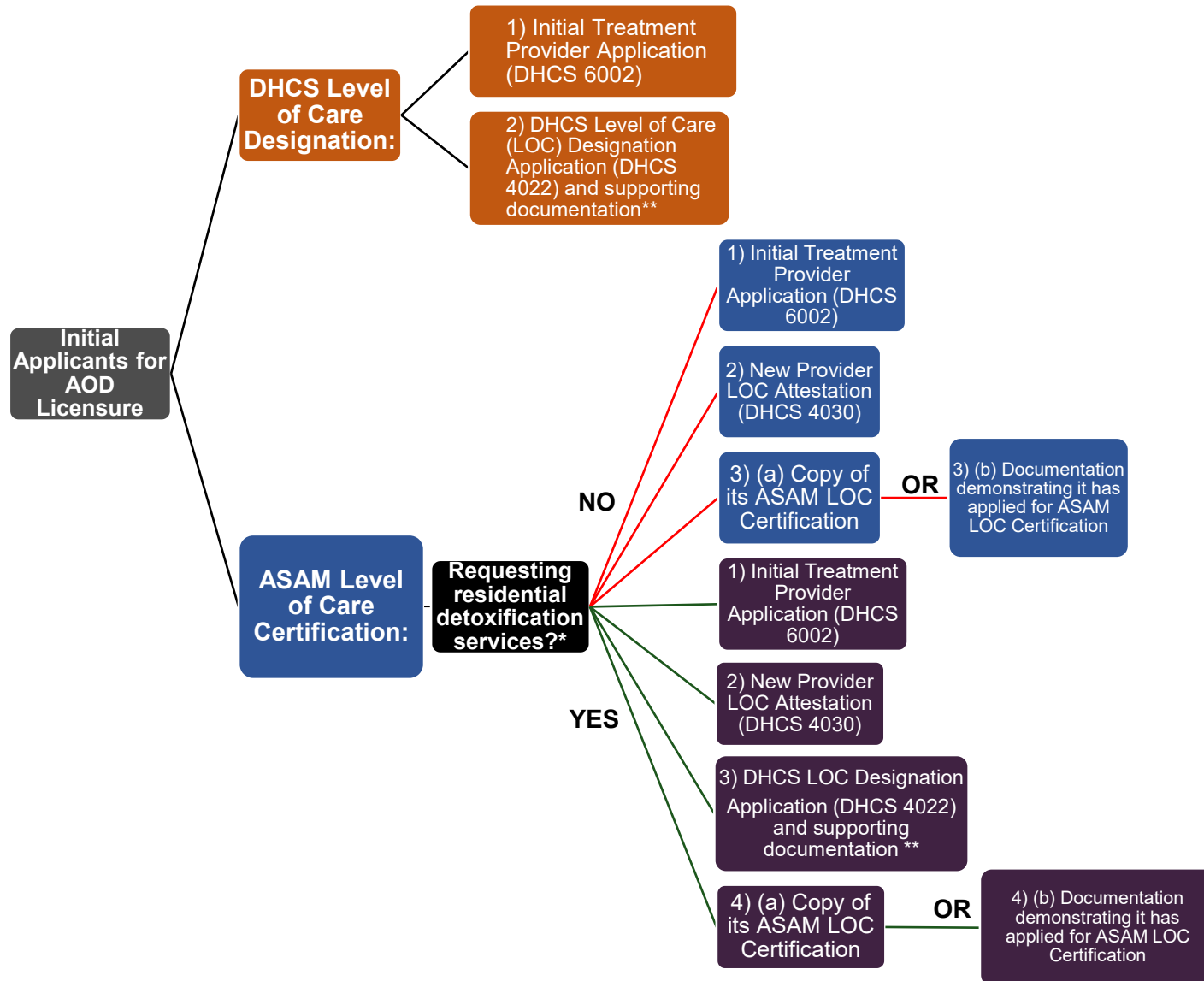
Counselors: As defined in CCR, Title 9, Section 13005(a)(2) or 13005(a)(8).

Licensed Practitioner of the Healing Arts (LPHA) Non-Physician: Professional staff must be licensed, registered, certified, or recognized under California State scope of practice statutes. Professional staff shall provide services within their individual scope of practice and receive supervision required under their scope of practice laws. Non-Physician LPHAs include: Nurse Practitioners, Physician Assistants, Registered Nurses, Registered Pharmacists, Licensed Clinical Psychologist (LCP), Licensed Clinical Social Worker (LCSW), Licensed Professional Clinical Counselor (LPCC), Licensed Marriage and Family Therapist (LMFT), and interns registered with the California Board of Psychology or the California Board of Behavioral Sciences.
(Updated 8/20/21)

LPHA Physician: Physicians are a sub-category of the LPHA definition and must be licensed, registered, certified, or recognized under California State scope of practice statutes. Physicians shall provide services within their individual scope of practice.

Withdrawal Management: An organized service delivered by trained personnel who provide 24-hour onsite supervision, observation, and support for residents who are intoxicated or experiencing withdrawal from SUDs.

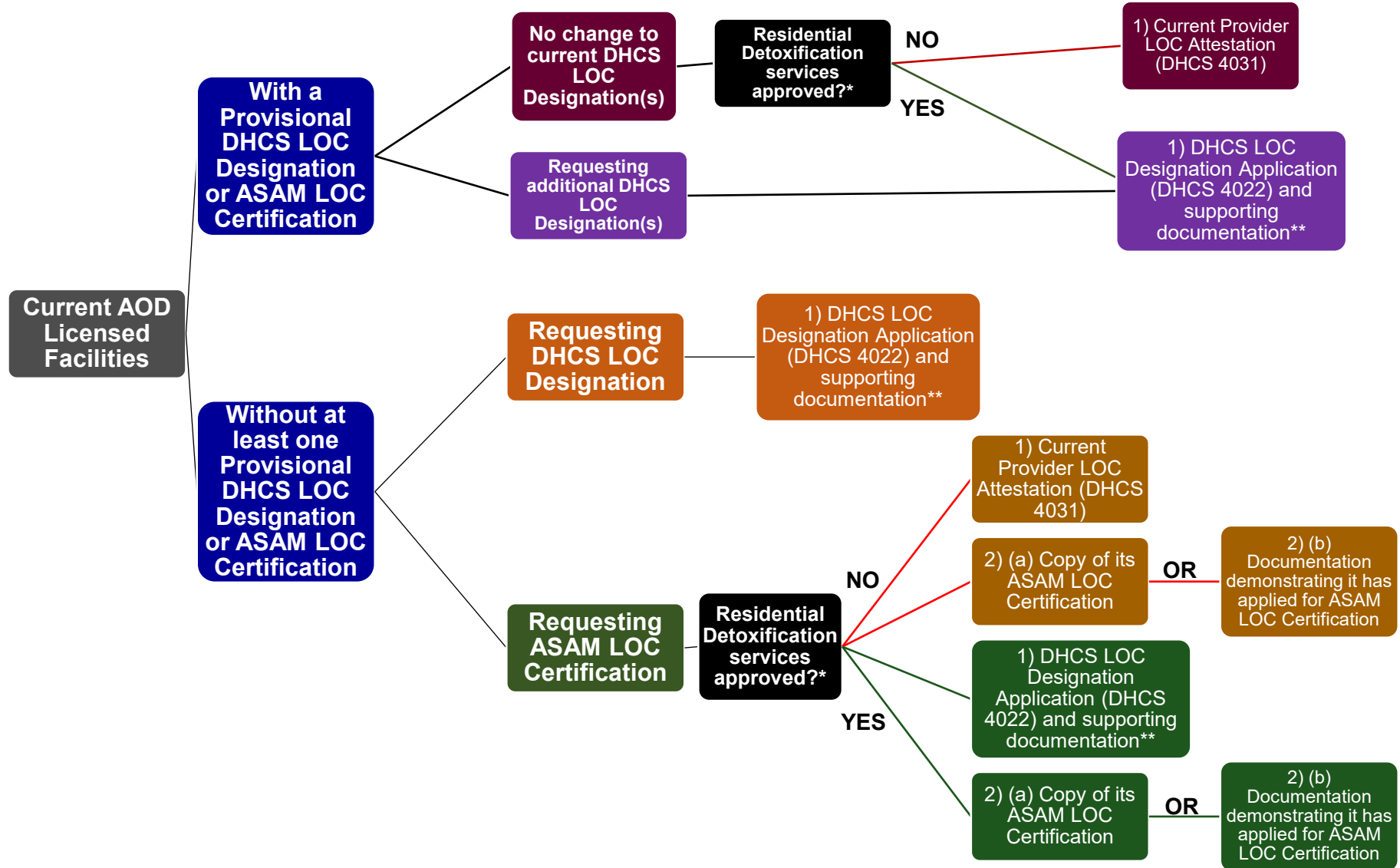
Required Documentation for DHCS Level of Care Designation Flow Chart (Updated 8/20/21)



*Facilities requesting detoxification services or approved detoxification services will need to apply for DHCS LOC 3.2-Withdrawal Management.

**Supporting documentation is detailed in this information notice, BHIN No.: 21-001 under "Required Supporting Documentation", Page 5.

Required Documentation for DHCS Level of Care Designation Flow Chart (Updated 8/20/21)



*Facilities requesting detoxification services or approved detoxification services will need to apply for DHCS LOC 3.2-Withdrawal Management.

**Supporting documentation is detailed in this information notice, BHIN No.: 21-001 under "Required Supporting Documentation", Page 5.